

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 07-JUN-2016		TIME 00:16:00		2. ADDRESS OF OCCURRENCE 1438 W 63RD ST CHICAGO, IL 60636			3. LOCATION CODE 280		4. OFFICER 0713								
	5. POSITION B173		6. LAST NAME WIBERG		7. FIRST NAME WAYNE A		8. STAR NO 514		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE WHI		11. AGE [REDACTED]		12. HT 511		13. WT 180	
	14. DATE OF APPT 02-MAY-1984		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 007 0780R		17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. MEMBER IN TUB CHMT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	20. LAST NAME SHIELDS		21. FIRST NAME ALAN		22. M <input checked="" type="checkbox"/> M <input type="checkbox"/> F		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24. RACE BLK		25. DOB 21-JUN-1964		26. HT 507		27. WT 180			
SUBJECT INFORMATION	28. ADDRESS 1812 S 80TH COURT CICERO, IL				29. TELEPHONE NO [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. SUBJECT ALLICED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? HOLY CROSS HOSPITAL				34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> Hospitalized		36. 01 Apparently Normal		37. 02 Under Influence		38. 03 Retained Mucous Mem					
	39. CHARGES PLACED [REDACTED]				39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]	
	PLEASE SEE NEXT PAGE																	
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		ACTIVE MEMBER		ABANDONED/ABANDON		ABANDONED/ABANDON		ABANDONED/ABANDON		ABANDONED/ABANDON		ABANDONED/ABANDON		ABANDONED/ABANDON		ABANDONED/ABANDON	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>	
	OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		OPEN HAND STRIKE		CLOSED HAND STRIKE/PUNCH		IMPACT WEAPON (Describe in Box 40)		KNIFE, STRIKE		KICKS		IMPACT MUNITION (Describe in Box 40)		FIREARM		OTHER	
	MEMBER PRESENCE <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOTHED HAND STRIKE/PUNCH <input type="checkbox"/>		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Blunt) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	LBC/PT MOUTHS <input checked="" type="checkbox"/>		WRISTLOCK <input checked="" type="checkbox"/>		ANKLEBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		OC CHEMICAL WEAPON W/ AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
CASE INFO	40. ADDITIONAL INFORMATION THIS R/LT WAS ABLE TO GET ONE CLIFF ON AND PRONG OUT THE OFFENDER TO BE ABLE TO CONTROL HIM. THIS R/LT DRAGGED HIM THROUGH A TIGHT DOORWAY UNDER CONTROL BEFORE HE WAS ABLE TO SECURE HIM BY HANDCUFFING BOTH HANDS.																	
	41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. HANDGUN CERTIFICATE NO	
	01 REVOLVER <input type="checkbox"/>		02 RIFLE <input type="checkbox"/>		03 SHOTGUN <input type="checkbox"/>		04 SEMI-AUTO PISTOL <input type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		06 TASER (Probe Discharge) <input type="checkbox"/>		07 OTHER <input type="checkbox"/>		08 TASER DART ID NO.		09. WEAPON SERIAL NO. (Include Letters)	
	01 MEMBER <input type="checkbox"/>		02 OFFENDER <input type="checkbox"/>		03 OTHER (Specify) <input type="checkbox"/>		04 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/>		05 NO OF CARTRIDGES/SHOT SHELLS RELOADED <input type="checkbox"/>		06 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/>		07 OTHER (Specify) <input type="checkbox"/>		08 DID MEMBER USE BRIGHTS <input type="checkbox"/>		09 YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIGNATURES	73. REPORTING MEMBER (Print Name) WIBERG, WAYNE A				STAR/EMPLOYEE NO. 514		SIGNATURE [REDACTED]											
	74. REVIEWING SUPERVISOR (Print Name) DARLIN, RANDALL L				STAR NO. 93		SIGNATURE [REDACTED]		DATE REVIEWED 06-JUN-2016 09:53:16									
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																	
	75. REPORTING MEMBER (Print Name) WIBERG, WAYNE A																	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OR) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTION WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 4) ANY OTHER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE RESULTS FROM THE SAME INCIDENT AS A DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER.

THE ASSIGNED INVESTIGATING SUPERVISOR (THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE) WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

15. SUSPECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

offender was hospitalized and unavailable for interview.

16. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The offender was uncooperative and combative. The officer utilized a reasonable amount of force to control and move the combative subject, based on the information available at this time, I have concluded that the member's actions were in compliance with Department procedures and directives.

17. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1080871 OBTAINED

18. LIEUTENANT OR ABOVE/OCIC (Print Name)

DARLIN, RANDALL L

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

08 JUN 2016 10:18:14

19. TOTAL TRF# THIS EVENT No

3